

# Miami County Health Department

## Birth Certificate Request Form

Full Name at Birth: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Your Relationship to Applicant: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mail To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Daytime Phone Number (including area code): \_\_\_\_\_

Your signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Identification is required!** Requests either in person or by mail must have a signed I.D. Enclose a copy of your driver's license or state issued photo I.D. and a check or money order for \$10.00 made payable to the Board of Health and send them along with this completed form to:

Miami County Courthouse  
Attention: Registrar  
25 North Broadway Street, Room 106  
Peru, IN 46970

In order to process your request, this form must be filled out completely.

Certified birth certificates are issued to the individual named on the record if over 21, their parents, grandparents, brother, sister, spouse, children, or guardian with proper papers.

**No birth certificate will be issued without proper identification.**

Warning: false application, altering, mutilating, or counterfeiting Indiana birth certificates is a criminal offense under I.C. 16-37-1-12.